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AMENDMENT TRANSMITTAL LETTER CLIENT-MATTER NO.:
66692-028 (P-TB 4568)

SERIAL NO:
09/765,693 FILING DATE:
Danuary 19, 2001 EXAMINER:
FILING DATE:
FILING DATE:
M. Baker CONFIRMATION NO.: 6461

INVENTION: MULTI-PARTITE LIGANDS AND METHODS OF IDENTIFYING AND
USING SAME

TO: COMMISSIONER FOR PATENTS P.O. Box 1450

Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 19, 2003.

By: Deborah I. Cadena Reg. No. 44 048

November 19, 2003

Date of Signature

Transmitted herewith is a Supplemental Response to the Office action mailed May 19, 2003, in the above-identified application.

- X Small Entity status of this application has been established under 37 CFR 1.27.
- X Petition for Three-Month Extension of Time is enclosed (in duplicate).
- X Notice of Appeal (in duplicate).
- X Request for Continued Examination (in duplicate).
- ___ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- X No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

| | NUMBER | | HIGHEST | | NUMBER | Г | RATE | | | FEE | |
|--|-------------------------|---|----------------------------------|---|---------------------------|---|----------------------|-----------------|--------|-----------------|-----------------|
| | AFTER AMEND- MENT | | NUMBER PREVIOUSLY PAID FOR | | OF EXTRA CLAIMS PRESENTED | | SMALL ENTITY | OTHER ENTITY | | SMALL ENTITY | OTHER ENTITY |
| TOTAL CLAIMS | 30 | - | 30 | - | 0 | x | \$9 | \$18 | _ | \$0.00 | s |
| INDEPEN- DENT | | | | | | | | | | | |
| CLAIMS | 6 | - | 6 | - | 0 | x | \$42 | \$84 | = | \$0.00 | s |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | YES | | XNO | | \$140 | \$280 | = | \$0.00 | \$ |
| | | | | | | | TOTAL ADDITIONAL FEE | | \$0.00 | \$ | |

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.
- Y Please charge my Deposit Account No. 502624 the amount of \$970.00, \$420.00 of which covers the fee for a three-month extension of time, \$165.00 which covers the notice of appeal fee and \$385.00 which covers the request for continued examination fee. A duplicate copy of this sheet is enclosed.

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Inventor: Daniel S. Sem Serial No.: 09/765,693 Filed: January 19, 2001

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- <u>X</u> The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Deborah L. Cadena Registration No. 44,048

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